

2002-12-C

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## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC☐ CLEC☐ ILEC☐ Wireless

## CERTIFICATED COMPANY INFORMATION

Gold Line Telemanagement Inc.

Company Name

FEIN/SSN

905-709-3570

Dba/fka

Telephone #

180 West Beaver Creek Rd.

Mailing Address

Richmond Hill, ON, L4B2B4

City, State, Zip Code

Richmond Hill, ON, CANADA

Business Location

City, State, Zip Code

County

## REGISTERED AGENT INFORMATION

RECEIVED

Registered Agent: TCS

Mailing Address: 3337 Treasury Center

Chicago, IL 60694-3300

City, State, Zip Code

PSC SC

DOCKETING DEPT

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- Shawn Reyhani
- A. General Manager (Include Address if different than above)  
905-709-6907.1 / shawn@groupofgoldline.com  
 Telephone Number / Facsimile Number / E-mail Address
- Nello Deluca
- B. Customer Relations/Complaints Representative (Include Address if different than above)  
416-642-80161 / nello@groupofgoldline.com  
 Telephone Number / Facsimile Number / E-mail Address
- C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)  
1 / 1  
 Telephone Number / Facsimile Number / E-mail Address  
1-800-649-8583 - CUSTOMER SERVICE
- C2. Customer Contact (Toll Free Number)
- Vivian Clarke
- D. Engineering Operations (Include Address if different than above)  
905-709-6907.1 / vivian@groupofgoldline.com  
 Telephone Number / Facsimile Number / E-mail Address

E. **Test and Repair** (Include Address if different than above)\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail AddressF. **Emergencies** (During Non-Office Hours)\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. **Regulatory Officer** (Include Address if different than above)

LISA TORCIVIA  
905-709-6903 / 905-709-3396 / lisa@goldline.net  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)

(Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail AddressI. **Interim LEC Fund Mailings** (Name)

(Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail AddressJ. **Universal Service Fund Mailings** (Name)

(Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail AddressK. **Gross Receipts Mailings** (Name)

(Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail AddressLISA TORCIVIA

This form was completed by

Regulatory Contact

Title

Signature 

10-26-09

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Docketing Department  
Post Office Drawer 11648  
Columbia, South Carolina 29211

And

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201